

JAN 13 1941

State File No.

Registration District No.

Primary Registration District No.

43015663

Registrar's No.

20

1. PLACE OF DEATH:

(a) County. LINN
(b) City or town. Bucklin (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #1.3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 38 yrs. 4 mo. 23 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RENS N. CARRIKER

3. (b) If veteran, name war. 495-07-0199
3. (c) Social Security No.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Mable Carriker
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 17, 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 25
If less than one day hr. min.

9. Birthplace. Bucklin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer + Coal Miner

11. Industry or business Farming + Coal Mining

12. Name William Carriker

13. Birthplace Bucklin Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Donald

15. Birthplace Union Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H. M. Carriker

(b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof Dec 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Am. Burial Co. On a crossing across the Santa Fe

18. (a) Signature of funeral director Marceline

(b) Address Bucklin Mo.

19. (a) 12-14-1941 (b) J. L. Cantrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. LINN
(c) City or town. Bucklin (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Called as Coroner to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull Duration

The car he was driving was hit by Santa Fe train #20 while crossing railroad crossing near the depot in Bucklin Mo. Causing instant Death.

Automobile Accident.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1700

Of autopsy 73

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 12, 1941. 050

(c) Where did injury occur? Bucklin Linn Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On a crossing across the Santa Fe

While at work? No (Specify type of place) (e) Means of injury Coroner

23. Signature Dale Bunch (Registrar's signature)

Address Marceline Mo. Date signed 12/13/41

MAR 14 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.